



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

August 17, 2010

Susan Sweetser, Administrator  
Our Lady Of Providence  
47 West Spring Street  
Winooski, VT 05404

Dear Ms. Sweetser:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **March 24, 2010**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0198	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/24/2010
NAME OF PROVIDER OR SUPPLIER  OUR LADY OF PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 47 WEST SPRING STREET WINOOSKI, VT 05404		
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R104 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.1 Admission</p> <p>5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	R104	<p>OLP's Administrator has completed an admission/residency agreement, which all new residents will sign at the time of admission. At the end of the calendar year, a new contract will be sent to each resident or their legal guardian for signature. This document will be updated by and signed by the Administrator. Copies have been sent to DAIL and Medicaid waiver supervisor in Waterbury. Copy of document is attached to this Plan of Correction.</p> <p>The Administrator has completed an audit of Resident Admission Agreements. New agreements were sent to all lay residents in June and have all been signed, returned and filed in the Resident's chart. Admission Agreements have Also been given to the three Superiors who lead the three Religious Communities who live at OLP (the Sisters of Providence, the Missionary Sisters of Our Lady of Africa, and the Religious</p>	<p>RECEIVED Division of JUL 21 10 Licensing and Protection</p>

R104 - POC accepted with verbal addendum (Completion date of 8/15/10) per telephone call with Administrator on 7-29-10 @ 1:45 PM. C. Laraway, RN

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

5XVK11

TITLE

Administrator

(X6) DATE

July 15, 2010

If continuation sheet 1 of 11

Division of Licensing and Protection

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R104	Continued From page 1  Based on record review and interview, 2 of 8 residents in the sample (Resident #1, Resident #2 ) had no signed and dated admission agreement. Findings include:  1) Per record review on 3/23/2010, Resident #1 had no signed and dated admission agreement available. During interview on 3/24/2010 at 4:50 PM, the Director of Nursing confirmed that no admission agreement was available for this resident.  2) Per record review on 3/24/2010, Resident #2 had no signed and dated admission agreement available. During interview on 3/24/2010 at 4:05 PM, the Director of Nursing confirmed that no admission agreement was available for this resident.	R104	Hospitalers of St. Joseph). The Superiors must first present these agreements to their Provincial Boards for approval. Once we have that approval, the Superiors will then explain these agreements to their sisters and ask each sister to sign her agr't and return it to us within 30 days.		
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.3 Discharge and Transfer Requirements  5.3.a Involuntary Discharge or Transfer of Residents  (2) In the case of an involuntary discharge or transfer, the manager shall:  i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long	R114	OLP will institute and use the current discharge form provided by DAIL. Pages 3 and 4 of the Admissions/ Residency Agreement contains information on the Resident's rights as they pertain to discharge or Transfer.  <i>7-21-10 POC accepted for R114 with verbal addendum via telephone by Administrator on 7-1-10 at 2:45 PM ("Completion date 7/1/10"). C. Haraway, RN</i>		

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R114	<p>Continued From page 2</p> <p>Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.</p> <p>ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.</p> <p>iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the admission agreements for 2 of 8 residents (Resident #2 and Resident #3) in the survey sample, did not contain the appropriate notification timeframe for an involuntary discharge. Findings include:</p> <p>Per record review on 3/23/2010 and 3/24/2010, Residents #2 and #3 had admission agreements that indicated a 14-day notification prior to an involuntary discharge situation rather than the required 30-day prior notification per Residential Care Home Licensing Regulations (10/3/2000). During interview on the afternoon of 3/24/2010, the Director of Nursing confirmed that the signed admission agreements for these residents indicated a 14-day notification period.</p>	R114	<p>The OLP Administrator will initiate and oversee all requests for discharge or transfers of residents.</p> <p>Copies of all Discharge or Transfer Notices will be sent to the resident and/or their legal representatives. A copy of such notice shall also be placed in the Resident's chart and will also be kept on file in the Administrator's Office.</p> <p><i>7-21-10 POC accepted for R114 with Verbal addendum via telephone by Administrator on 7-1-10 at 2:45 PM ("Completion date 7-1-10").</i> <i>C. Laraway, RN</i></p>		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145			

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R145	<p>Continued From page 3</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the home did not maintain an up-to-date plan of care for 2 of 8 residents in the survey sample (Resident #3 and Resident #6). Findings include:</p> <p>1) Per record review on 3/23/2010 and 3/24/2010, Resident #3 was ordered on 2/17/2010 to receive Physical Therapy (PT) treatments following an adverse health event. Per therapist notes from initial assessment to the present, Resident #3 is to receive contact guard (CG) supervision when ambulating and reminders to use the walker. Per the current Nursing Assistant plan of care, the Resident could ambulate without CG supervision. During interview on 3/24/2010 at 9:45 AM, the Charge Nurse confirmed that the Nursing Assistant plan of care was incorrect, stated that per his / her conversation with the Physical Therapist this date that "this resident may never be safe to independently ambulate". S/he confirmed that Resident #3 continues to require CG supervision when ambulating.</p> <p>2) Per record review on 3/23/2010 and 3/23/2010, Resident #6 was receiving OT/PT. Per therapy notes the resident was not to ambulate alone</p>	R145	<p><b>R145</b></p> <p><b>5.9 c</b> Up to this point we have been utilizing formal nursing care plans. In an attempt to have the nurses create and update these POCs on a regular basis I had an In Service only for the skilled nurses in September 2009. These plans do not readily translate into clear directions for the LNAs. For this reason, one of our best LNAs developed an ADL sheet which included all the necessary information for daily care. The surveyors shared a form that has proved effective in similar facilities. It includes all of the parameters necessary for the LNAs and it can serve as a "monthly summary" which our skilled nurses are used to doing. We will adopt this form immediately and they will be updated on a monthly and prn basis. Attached is the ADL sheet and the new POC form. All residents will have the new care plans in place by 20 May, 2010.</p>	

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R145	Continued From page 4  outside of room. Staff confirmed that the resident was not to ambulate by self outside of room. There was no plan of care for resident #6 that instructed staff on care needs or what the resident required to remain safe when ambulating.	R145	R 145  Cont'd 5.9.c The care plans will be completed 1) on admission and on 2) readmission from hospitalization and/or rehabilita- tions and otherwise 3) updated on a monthly basis. The care plans will be copied to the LNA ADL book so they are always accessible to the direct care staff.  Resident #6 POC in the LNA ADL Book has been amended to guide the care givers to ambulate with the resident whenever the resident is out of her room. This was completed on 3/30/10. 7-29-10 R145 POC accepted. — C. Lavery, RN — R171	
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not provide routine psychotropic monitoring for 1 applicable resident (Resident #4). Findings	R171		

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R171	Continued From page 5  include:  1) Per record review on 3/24/2010, Resident #4 receives psychotropic medications on a scheduled and as needed (PRN) basis which include Risperidone 0.5 mg (milligrams) at HS (hour of sleep). The most recent AIMS (Abnormal Involuntary Movement Scale) assessment available in the record was dated 3/13/2009. During interview at 1:55 PM on 3/24/2010, the Director of Nursing confirmed that per facility policy dated 6/18/2008 a recommendation for monthly AIMS screening is required and that Resident #4 is overdue for an AIMS screening.	R171	<p>Cont'd R 171 5.10 for insomnia. All prns at OLOP are documented on the back of the MARs as to what, when, why and results of the medication administration. If the prn is a classified medication then it is also signed out in our "Narcotics Log". Often when it is warranted a nurses' note is written. There are a group of medications referred to as "Neuroleptics" that must be monitored more closely with a tool called an "AIMS" test on a regular basis. The results of this test alert nurses to certain irreversible side effects. There is an OLOP policy in place that requires AIMS tests to be completed each month at the time of the monthly summary. On 4/1/10 at a Nurses Staff Meeting this policy was reviewed along with copies of the AIMS test with instructions on how to conduct the test were given to the skilled nurses. Currently, there are 8 residents receiving neuroleptic medications.</p> <p>7-1-10 R171 POC accepted. C. Laraway, RN</p>	
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not	R179		

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R179	Continued From page 6  limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that 5 of 5 staff completed the required 12 hours of annual caregiver training. Findings include:  Per record review on 3/23/2010, 5 of 5 staff had not completed all mandatory annual training. During interview on 3/24/2010, the Director of Nursing confirmed that the identified staff members had not completed all offered training.	R179	R179  5.11.b It was noted by the surveyors that the In Services required <u>were provided</u> per regulation as to number and content. However, we failed to ensure that each of the direct care staff attended 12 hours of training. We have a nursing staff of 32 spread out over 3 shifts. It has not been possible because of time and cost constraints to repeat these In Services over and over until all 32 staff persons have participated. The solution is to develop Self Study Guides. This involves purchasing commercial ones such as "In The Know" and/or developing our own. To this effect we have established a <u>Training and Resource Guide</u> binder that will contain the training materials for all staff to review and then sign off that they have done so. Most modules will have quizzes to test the retention of information. We have enlisted the assistance of a nurse from Fletcher Allen (RN,MSN) who is enthusiastically assisting with this project. The project will not be completed for several months.		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to	R181			

7-30-10 R179 Amended POC accepted. See attachment.  
 C. Lavery, RN



Division of Licensing and Protection  
STATE FORM

7-1-10 POC for RIFI accepted.  
C. Lantry, RN

Division of Licensing and Protection

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R234	Continued From page 8  for regular and therapeutic diets. Findings include:  Per observation on 3/23/2010 and 3/24/2010, there was no weekly menu posted for review by residents and visitors. During interview on the afternoon of 3/24/2010, the Dietary Manager confirmed that weekly menus were not posted.	R234	OLP's kitchen supervisor Will post and update all menus. Menus will be on record in the Supervisor's Office and will be placed in the Dining Area. The Administrator will check daily to ensure that menus are followed and will consult with nursing director and kitchen supervisor as to the appropriateness of items on all menus. 7-1-10 R234 POC accepted — C. Lurany, RN	
R247 SS=E	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based on observation and record review, the home failed to assure that all food and drink were held at proper temperatures. Findings include:  Per observation during initial tour of the kitchen with the Administrator and the Dietary Manager on the morning of 3/23/2010, there were no thermometers present in two refrigerator / freezer units in the main kitchen nor was there a system in place to assure that monitoring was consistently performed. This observation was confirmed by the Dietary Manager at the time of the initial tour.	R247	In addition, the kitchen supervisor is working with Graduate Nutrition Students from UVM under The supervision of Amy Nickerson, a nutritionist, who have interviewed OLP residents regarding their dietary needs and preferences and will be working with the kitchen supervisor to prepare longer term cycle menus for OLP, including low sodium and low sugar menus. The students will complete their work with the kitchen supervisor by the end of the Fall 2010 semester.  R247  All refrigerators have been equipped with thermostats, the kitchen supervisor will check daily that temperatures are correct. 7-1-10 R247 POC accepted — C. Lurany, RN	
R250 SS=D	VII. NUTRITION AND FOOD SERVICES	R250		

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R250	Continued From page 9  7.2 Food Safety and Sanitation  7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to reject dented cans. Findings include:  1) Per observation of the food storage area on 3/23/2010, accompanied by a staff member, 2 cans of food goods intended for consumption by the residents were severely dented. The staff member confirmed that the 2 cans were dented and removed them from the shelved area.	R250	The walk-in freezer will be monitored by the kitchen supervisor and a log will be kept and posted outside the freezer, it will be initialed by staff. Supervisor will initial weekly that he has monitored. Log attached.  All perishables placed in any kitchen refrigerator will be label and dated. Kitchen supervisor to monitor.  <i>7-1-10 R250 POC accepted - C. Lavery, RN</i> R250		
R302 SS=D	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to conduct the annually required number of fire drills	R302	Kitchen supervisor will check all cans at delivery and return to the vendor any and all damaged cans. <i>7-1-10 R250 POC accepted. C. Lavery, RN</i>  OLP has updated and revised its Disaster/Fire Plan. A Disaster/Fire Committee has been created and includes the Administrator as well as the Facilities Engineer.		

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STATE FORM

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5XVK11

If continuation sheet 10 of 11

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R302	Continued From page 10  with rotating time of day to include morning, afternoon, evening and night shifts. Findings Include:  1) Per record review on 3/23/2010 there was only documentation for 2 of 6 fire drills for the past year. This was confirmed with the facility manager.	R302	<p>OLP has implemented a fire Drill checklist, which shall be maintained and updated by the Facilities Engineer.</p> <p>Drills will be carried out for all three shifts before the end of the year. A 2:30 a.m. fire drill was conducted on May 13<sup>th</sup>. The next fire drill will be conducted at 8:30 p.m. on July 21, 2010.</p> <p>The Administrator or the Facilities Engineer will supervise and audit all fire drills. 7-1-10 R302 POC accepted. — C. Lavery, RN</p>	

R179 5.11.b It was noted by the surveyors that the required In Services were provided per regulation as to number and content but we had failed to ensure that each direct care provider attend all twelve hours of mandatory and optional training. Beginning in April up to the present we have been creating self study materials to cover each of the In Services.

Attached to each of the packets of educational materials is a test. Each topic is formally presented at an In Service. For those unable to attend, the materials are put in a binder marked 'Training and Resource Guide' and is available to all nursing personnel. By December 15, 2010 there will be no less than 12 self study guides available to the direct care staff. The Director of Nursing with the help of Terri Agnelli RN, MSN of Fletcher Allen Hospital are developing these materials and post tests.

R179-7-30-10- POC accepted, — Clancy, RN